GPO Deposit Account (Printing and Binding) Form 4045

For GPO Use Only

Date received _____

New BAC _____

Date BAC and password sent to customer _____

Date DD Form 448-2 signed and sent back to customer _____

Check Only One Action (Establish, Replenish, Refund, or Transfer)

☑ **Establish a New Deposit Account** New Deposit Account Amount $ 1000854.09

☐ **Replenish an Existing Deposit Account**

Billing Address Code (BAC) _____ Replenish Amount $ _____

☐ **Refund Request on a Deposit Account**

Billing Address Code (BAC) _____ Refund Amount $ _____

☐ **Transfer Request** From BAC _____ To BAC _____ Amount of Transfer $ _____

☐ **MIPR** — (Military Interdepartmental Purchase Request) and acceptance of MIPR attached.

(Required for IPAC Funding)

Agency Location Code (ALC) 1 4 1 0 0 0 9 9 **Business Event Type Code (BETC)** 97937

Treasury Account Symbol (TAS)

Sub-level Prefix Code (2)	Allocation Transfer Agency Identifier (3)	Agency Identifier (3)	Beginning Period of Availability (4)	Ending Period of Availability (4)	Availability Type Code (1)	Main Account Code (4)	Sub-Account Code (3)
2 5	5 2 7	2 H E	1 0 1 6	1 0 3	1	2 0 8 6	5 3 2

Update: ☐ Change administrator ☑ Add a backup administrator ☐ Contact information (Administrator or Finance POC)

AGENCY DEPOSIT ACCOUNT ADMINISTRATOR

Name: Marie Davis

Department or Government Establishment: Library of Congress

Bureau/Office: Library of congress

Address: DepArtment of copyright

Phone: 202-707-3000 Ext. _____ Fax _____ Email: Privacy@dMCA.gov

AGENCY FINANCE POINT-OF-CONTACT INFORMATION

Name: Joseph Godles

Address: 1229 19th ST

Phone: 202-429-4900 Ext. _____ Fax _____ Email: Jgodles@g2w2.com

LOA or MIPR Information Www.pay.gov

(Go to **http://www.gpo.gov/customers/sf1.htm** for more information.)

Additional Information

I certify that the advanced transfer of funds is authorized by law and necessary to the conduct of official Government business of the above-mentioned establishment. I understand that this form authorizes the transfer of funds for the Deposit Account Program and that my Government establishment is responsible for ensuring that the funds are available for the fiscal year in which they are obligated with a Standard Form 1.

Authorizing Signature (must be on file with GPO) _____ Title: Publisher Date _____

IPAC FUNDING Submit completed form to the Accounts Receivable & Collections Office at **arc@gpo.gov**

CHECK FUNDING Mail completed form with check, made payable to the:
U.S. Government Publishing Office
732 North Capitol Street, NW
Room B-622, Disbursing Office
Washington, DC 20401

Please indicate "Deposit Account" and your BAC on check.

For further information regarding Deposit Accounts go to **http://depositaccounts.gpo.gov/faq.jsp** or call **202.512.1189**.